

# University Hospital Southampton NHS Foundation Trust

## Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

## Ratings

### Overall rating for this trust

Good 

Are services at this trust safe?

Requires improvement 

Are services at this trust effective?

Good 

Are services at this trust caring?

Outstanding 

Are services at this trust responsive?

Requires improvement 

Are services at this trust well-led?

Outstanding 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

We carried out a follow up inspection of the Southampton General Hospital site, part of the University Hospitals Southampton NHS Foundation Trust, between 25 and 27 January 2017 with an unannounced inspection on 7 February 2017. This inspection was to follow up our comprehensive inspection in 2015 where some services had required improvement.

University Hospital Southampton NHS Foundation Trust is one of the country's largest university hospitals, with around 1390 beds. The trust provides a major trauma centre and wide range and complexity of general services Southampton and south Hampshire. The trust also provides specialist services such as neurosciences, cardiac services and children's intensive care to over 3.7 million people in central southern England and the Channel Islands.

During this inspection, we inspected all key questions in four of the eight core services of surgery, critical care, end of life care and outpatient and diagnostic imaging. The trust had a stable leadership team in place since our last inspection.

At this inspection we saw significant improvement across the areas we inspected. There were improvements in surgery, critical care, end of life care and outpatients. Critical care is rated overall as 'Outstanding', with surgery, end of life care, and outpatients and diagnostic imaging as 'Good' overall. These services had been rated requires improvement in 2015. The improvements were in line with the trust's improvement plan and had been assisted by the trust board and executive leadership team.

Previous inspection in 2015 had found safety of medicine and maternity services, along with responsiveness of urgent and emergency care and children's services required improvement. The improvements found at this inspection in 2017 has led to overall rating of outstanding for caring and well led. The trust has improved overall to a rating of Good.

**The Trustwide 'Well Led' inspection is rated as outstanding.**

**Our key findings were as follows:**

- Patients were at the heart of all major trust decisions, and this was clearly evidenced by the Executive team and board's adherence to the trust values.
- There were many examples where the staff interactions with patients, and often relatives, had exceeded, or far exceeded, expectations. These comments related not only to clinical staff, but to domestic, portering, catering and clerical staff.
- The leadership strategy and the trust culture were successfully entwined, and the resultant cohesive purpose drove continuous improvement to patients, staff and external stakeholders.
- The board were fully sighted on strategic issues and future planning, and provided supportive challenge.
- The non-executive directors displayed knowledge and clear understanding of complex issues.
- External partners described the trust as progressive, transparent, forward-looking and providing a measurably-positive impact on the local health economy.
- The trust had significant engagement with partners and stakeholders in the planning and delivery of care at all levels throughout the trust and beyond its internal footprint. This included participation in the Hampshire and Isle of Wight Sustainability and Transformation plan (STP).
- There was a healthy impatience to improve. Open and honest conversations were held, to enable learning from lessons and shaping of future care and management.
- Collaboration, support and constructive challenge was evident across the core services management and delivered by the Trust Board and Executive team.
- The Council of Governors were highly engaged with the Board, the Executive team and the hospital staff as a whole, and undertook many activities and engagements to support the hospital.
- The trust has a large body of over 1000 volunteers, being used in many roles around the hospital including signposting, general enquiries and nutrition assistants. The dedication and kindness of these volunteers and their willingness to help their local populations was outstanding.

# Summary of findings

- Relatives told us they were recognised as partners in the care of their family, their interactions were recognised and valued, and they were included in team discussions about further care and treatment.
- The trust had specific, detailed and effective strategies for people living with dementia or a cognitive disability.
- Services were held to account, and there was an integral drive for continuous innovation.
- Teams and individuals spoke with clarity, enthusiasm and commitment about their “desire to make every day better than the one before”, even though this could be challenging.
- The comprehensive governance systems ensured the executive team had recent verifiable data which informed further planning and decision making.
- In the recent Friends and Family test, 97% of respondents said they were “likely or “very likely” to recommend the hospital
- The trust demonstrated significant improvements since the 2014 inspection, and the comprehensive action plan had been met in full.
- There was a significant reduction of hospital acquired pressure ulcers, and falls resulting in harm to the patient.
- The antibiotic stewardship CQUIN presented a significant challenge to the Trust, however, performance remained on track to deliver in full by year end.
- The trust was a high reporter of incidents, and learning from these continued to be positive.
- The trust vacancy rate overall is currently on trajectory at 13%, the aim is to reduce the vacancy rate to 10% by December 2017.
- The trust monitored patient acuity at bed meetings held several times each day, to ensure senior managers had oversight of patient acuity, bed numbers and staffing flexibility.
- There were ongoing capacity demands and the trust had an occupancy rate of 93%. Patients could be moved four times during their stay.
- There were some mixed sex breaches in surgery, and critical care against best practice recommendations.

Importantly, the trust must :

- Reduce the number of mixed sex accommodations across the trust to improve privacy and dignity for patients.

- Ensure medicines are always stored at temperatures that ensure their effectiveness.

We saw areas of outstanding practice including:

- The integrated medical examiners group (IMEG) reviewed all deaths twice each day and approved the death certificate before it was signed, including contact with the coroner if needed. This had proven benefit to an improved accuracy of mortality data, opportunity to reflect upon practice, an improved understanding of correct death certification, consistency amongst reviewing staff, and an overall improvement to patient safety after learning.
- The Chief Executive Officer (CEO) held patient lunches, and staff and patients regarded these as unique and most welcome. Teams received feedback on any issues raised.
- There were focus groups within specific cancers for patient involvement although no patients took part in the governance groups yet. The trust used representatives from the local ‘health watch’ when planning major redevelopments.
- The trust had a culture of innovation and research, and staff were encouraged to participate. There were examples of research that were nationally and internationally recognised. Staff were supported to lead innovation projects in their work environment.
- The trust had implemented a new tool called the favourable event reporting form (FERF). Anyone who sees an incident or an event which had gone particularly well was invited to document this. Everyone mentioned in a FERG received a personal letter, thanking them for their contribution, and the positive practice was cascaded throughout the trust.
- The trust made regular and concerted efforts to reach out to connect with hard to reach communities, such as the traveller community.
- The trust had established engagement links with young people and children within the community, and many diverse activities were set up on and off site for these groups. recent ‘Lifelabs’ at Open Days gave local children the opportunity to try experiments and learn about personal health. Opportunities such as this encouraged children of every socio-economic background to attend and to view healthcare as a potential career option.

# Summary of findings

- Hospital teams, supported by hospital volunteers and emergency services, ran 'family road safety days' in central Southampton. Local children and their parents learned about road signs and had opportunities to practise resuscitation techniques.

**Professor Sir Mike Richards**

Chief Inspector of Hospitals

# Summary of findings

## Background to University Hospital Southampton NHS Foundation Trust

### Sites and locations:

University Hospitals Southampton NHS Foundation Trust comprises two hospitals and one hospice, and is one of the largest NHS trusts in the country. It is an acute teaching trust and became a foundation trust in October 2011. It has five registered locations: Southampton General Hospital, Countess Mountbatten House, Princess Anne Hospital, New Forest Birthing Centre, and runs some clinics out of the Royal South Hants Hospital.

### Population served:

University Hospital Southampton NHS Foundation Trust provides services to some 1.9 million people living in Southampton and south Hampshire, plus specialist services such as neurosciences, cardiac services and children's intensive care to more than 3.7 million people in central southern England and the Channel Islands.

## Our inspection team

The team included two CQC inspection managers, ten inspectors and two support staff, and a variety of specialist advisors including: surgical consultant; surgical

nurse team leader; critical care consultant, critical care specialist nurse, end of life care consultant and specialist nurse, outpatients nurse team leader; diagnostic consultant, radiographer; and two board level directors.

## How we carried out this inspection

Prior to the inspection we reviewed the information that we held on the trust, including previous inspection reports and information provided by the trust. We requested and obtained feedback and overviews of the trust performance from local Clinical Commissioning Groups and NHS Improvement, and this provided information to further inform the inspection planning. We also held a focus group to meet with staff and managers at this time.

We carried out the first part of our inspection between 25 and 27 January 2017 and returned to visit some wards, units and departments unannounced on 7 February 2017.

We spoke with 219 staff across the services. We reviewed 24 patient records as part of this inspection. We observed how people were cared for, talked with carers and family members, and reviewed care and treatment records. We also spoke with the executive team, non executive staff and senior managers.

## What people who use the trust's services say

We spoke with 40 patients, carers and relatives in the wards, units and departments. The experience of patients using the Southampton General Hospital was mainly highly positive about the care and treatment they had received.

Patients told us they had received compassionate and often highly-personalised treatment and care were given

sufficient time to ask questions and were given choices. They said staff responded to patients, and their relatives with support and compassion, needs were mostly responded to quickly, and to the patients' satisfaction.

Relatives told us they were partners in care, with equal voices, and felt enabled to ask probing questions to ensure the care and treatment was best for their family member.

# Summary of findings

External partners described the trust as progressive, transparent, forward-looking and providing a measurably-positive impact on the local health economy.

## Facts and data about this trust

**Beds:** 1372

- 1394 General and acute
- 92 Maternity

**Staff:** 8890

- 1350 Medical
- 2816 Nursing
- 4724 Other

### **Activity type (April 2015- March 2016):**

- 123,231 inpatient admissions (a rise of 3%),
- 483,119 bed days, (a rise of 1%).
- 616,712 first and follow up outpatient appointments and
- 36,907 surgical patient spells, of which 36.3% were day cases, 28.2 elective or booked admissions and 35.5% emergency patients.
- From January 2016-December 2016, the total number of adult deaths in the hospital was 1948, approximately 1.5% of admissions.
- The standardised hospital mortality indicator (SHMI) between October 2015 and September 2016 was 95.13. This was within the expected range for patient mortality.

• **Revenue:** £556,500,000

• **Full Cost:** £557,300,000

• **Surplus (deficit):** £(9,800,000)

The trust had a stable board, with the most recent executive appointments being the chief financial officer in 2016. The Chief Executive Officer (CEO) had been in post since 2013. At the time of our inspection the Chief Executive Officer (CEO) was leading the work for the South Hampshire Sustainability and Transformation Plan.


### **Inspection History:**

The trust has had four inspections since its registration in April 2012. In December 2014 and January 2015, we carried out an announced comprehensive review of the trust and all locations. We rated the trust at that time as requires improvement overall. Surgery, critical care, end of life care and outpatient and diagnostic images were rated as requires improvement.

Previously Southampton General Hospital was inspected in October 2012 and April 2013. The Princess Anne Hospital was inspected in December 2012.

# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>Safe is rated as requires improvement trust wide because safety in medicine and maternity services required improvement in 2015.</p> <p>These services were not re-inspected in 2017, as were overall Good in 2015.</p> <p><b>Summary of findings for services inspected in January 2017:</b></p> <ul style="list-style-type: none"><li>• Safety and quality of service were a high priority for the trust, and staff at all levels and across the four core services, could demonstrate their focus to constantly improve safety.</li><li>• There were well-defined and embedded systems, processes and standards operating procedures in place to keep people safe.</li><li>• There was a positive incident reporting culture in the trust. They declared themselves high reporters, and viewed this as positive.</li><li>• Investigations were thorough and opportunities for learning from safety incidents were shared locally to improve practice.</li><li>• The board displayed a high awareness of the level, number and severity of incidents, and these were routinely discussed to support learning.</li><li>• Duty of candour awareness was prominent in all areas visited, and well embedded at board. The trust monitored this through their online incident reporting system.</li><li>• The hospital wards, departments, and all open areas were visibly clean. Staff complied with infection prevention and control practices.</li><li>• Effective systems ensured patients were safeguarded from abuse.</li><li>• Staffing levels were regularly planned, implemented and reviewed to keep patients safe, and cared for according to their specific needs. However, in critical care services, staffing experienced frequent challenges, which meant there were occasions when staffing levels did not meet best practice guidelines.</li></ul> <p>However:</p> <ul style="list-style-type: none"><li>• Patient records were not always stored securely.</li><li>• Some medicines were not always stored securely.</li><li>• There were some delays in obtaining pressure-relieving mattresses.</li></ul>	<p><b>Requires improvement</b> </p>

# Summary of findings

- There were delays in ward repairs resulting in some facilities being out of use for months.
- Palliative care medical staff levels were below the expected range.
- Mandatory training and appraisal rates were low in some services.

## Incidents

- There was an effective system for the recording and reporting of incidents. Risk was identified and mitigated, and staff were high reporters of incidents.
- There were policies and processes to report serious incidents. Staff understood what these were, and were actively supported to report these. The policies had standard operating procedures to enable and facilitate the ongoing management of serious incidents.
- All staff understood their individual and professional responsibilities to report incidents.
- Managers and local leads ensured that learning from incidents was cascaded locally, and where necessary or of use, wider within the trust.
- Incidents were investigated, reviewed and actions taken. Actions were taken to promote learning and prevent recurrence.
- Staff received feedback about incidents although the feedback was not always more widely disseminated beyond the immediate team.
- A new reporting tool had been implemented recently, called the favourable event reporting form (FERF). Anyone who saw an incident or an event which had gone particularly well was invited to fill out a form. These forms were reviewed on a monthly basis by a multi-disciplinary team within the department. Everyone mentioned in a FERG received a personal letter, thanking them for their contribution. The multi-disciplinary team discussed the FERG, and analysed what was positive about the incident. The summary of these reflections were fed back to the whole department as part of the mortality and morbidity meeting along with lessons learnt from adverse events. Good practice was then disseminated throughout the trust.

## Mortality and Morbidity

- There were embedded processes for the review of mortality and morbidity within each division in the trust. Mortality was discussed at regular meetings throughout the year and information shared with colleagues and the board.



# Summary of findings

- The standardised hospital mortality indicator (SHMI) was 95.3 between October 2015 and September 2016. This was within the expected range.
- Mortality was regularly discussed at executive and board level meetings, enabling a clear process for monitoring any trends or concerns.
- The integrated medical examiners group (IMEG) reviewed all deaths twice each day and approved the death certificate before it was signed, including contact with the coroner if needed.

## **Duty of Candour**

- There was a good understanding of the duty of candour requirements throughout the trust. Training was provided which enhanced staff knowledge and awareness.
- Duty of Candour was monitored through incident reporting at board level. The trust board ensured that all incidents where significant harm had occurred had the duty of candour undertaken.

## **Safeguarding**

- The trust had a safeguarding strategy, policies and training to protect vulnerable adults, children and young people. These policies were accessible on the trusts' intranet pages with further information about local contact details
- Safeguarding was overseen by a specialist group, which implemented new policies, overview of these, and ensured that training was appropriate to the individual's roles.
- There was generally good compliance with level one and level two safeguarding training. Where there was non-compliance with safeguarding training, this was predominantly with medical staff.
- Safeguarding was well understood by most staff in the divisions, with the exception of outpatients where there was a lack of clarity about the role of the departmental safeguarding lead.

## **Staffing**

- The trust previously had substantial challenges in 2015 to recruit and retain sufficient numbers of registered nursing staff but had made significant progress with this in 2016. The trust is currently on its' proposed trajectory at 13% vacancy, and the aim is to reduce the vacancy rate to 10% by December 2017.

# Summary of findings

- The trust had recruited 143 WTE nursing staff from overseas. The trust supported and developed them with language skills and a comprehensive induction. The trust created an internal rotation scheme to maintain their interest and further develop their skills.
- Ward establishments were reviewed six monthly, against the funded and agreed establishment. The board papers provided by the trust demonstrated frequent discussion about nursing establishment and safer staffing levels.
- Agency spend remained within the agreed ranges for funding. Where there was agency and locum use, staff were properly inducted to the area they were working in and had their competencies checked before starting work.
- In some areas staffing did not meet national guidance. This included in the consultant hours in palliative care, and nursing and medical staffing in critical care.

## Are services at this trust effective?

Effective is rated as Good trust wide based on inspection in 2015 and 2017.

Good



## Summary of findings for services inspected in January 2017:

- Care pathways followed national guidance across clinical services.
- There was an audit plan for all services, and action plan results were re-audited to further embed new practices. The trusts took part in all required national audits and conducted further local audits to benchmark and improve outcomes.
- Improvement and innovation was actively encouraged and facilitated, with examples such as the Integrated Medical Examiner Group, (IMEG), and the 'PRESS' pressure ulcer tool.
- The trust had a clinical effectiveness and outcomes steering group which monitored the compliance of National Institute for Health and Clinical Excellence guidance, and quality standards.
- Patient outcomes were regularly reviewed by the quality committee and within the clinical work streams report.
- There was effective multi-disciplinary working within teams in all the cores services we inspected, and with external healthcare partners.
- Consent to care and treatment was sought and documented before care or treatment was given. There was evidence that capacity assessments and best interests decisions took place in most cases.
- Staff demonstrated understanding of the Mental Capacity Act 2005

# Summary of findings

However;

- Not all the DNACPR forms we reviewed were completed in line with national guidance.

## **Evidence-based care and treatment**

- The trust had a clinical effectiveness and outcomes steering group (CEOSG) which monitored compliance of National Institute for Health and Clinical Excellence (NICE) guidance and quality standards.
- Monthly spreadsheets of new NICE guidance and quality standards were sent to the CEOSG. Any new guidance was raised at the CEOSG meetings and leads were identified. Some examples of the NICE guidance and quality standards used were Glaucoma in adults QS7, in ophthalmology, and head injury: assessment and early management Clinical guideline 176 in radiology.
- Care within the intensive care units was being provided in line with best practice guidelines.
- There was an audit plan in place for most services across the trust with named clinicians leading. Audit results had action plans created in response to findings and areas of concern were re-audited following action plan.

## **Patient outcomes**

- The outcomes of patients' care were routinely collected and monitored to measure the effectiveness of care and treatment. The trust took part in national audit programmes and also established local audits.
- The trust performed well in the national critical care audits (ICNARC) as well as for a number of measures in the emergency department.
- Audit meetings were held to discuss the progress of audits and present audit results and recommendations once completed. These meetings were recorded and minutes were circulated to staff.
- Pressure ulcer management was audited regularly and actions produced as a result. The data showed a substantial decrease in Grade 3 and 4 pressure ulcers over the last year.

## **Multidisciplinary working**

- There was positive multidisciplinary working across the trust both within and between services. We observed that professionals respected each other's roles which contributed to the care of patients.

# Summary of findings

- Effective multidisciplinary care also occurred with other care providers. We saw staff working to ensure that patients were transferred successfully to other units. The trust was working with other organisations in southern England to effectively provide cross service care and ensure repatriation.

## **Consent, Mental Capacity Act & Deprivation of Liberty safeguards**

- Most staff had a good knowledge and received training on the Mental Capacity Act and Deprivation of Liberty Safeguards.
- There were a number of occasions, particularly in end of life care, where documentation was not clear that the Mental Capacity Act had been properly considered. This was the case in 10 out of 14 'Do Not Attempt Cardio Pulmonary Resuscitation' orders (DNACPR's).

## **Are services at this trust caring?**

Caring is rated as outstanding trust wide based on ratings from inspections in 2015 and 2017. Children and young people's services were outstanding for caring in 2015, and critical care was rated outstanding in 2017.

## **Summary of findings from inspection of services in January 2017:**

- We heard of many examples where the staff interactions with patients, and often relatives, had exceeded, or far exceeded, expectations. These comments related not only to clinical staff, but to domestic, portering, catering and clerical staff.
- In the recent Friends and Family test, 97% of respondents said they were 'likely' or 'very likely' to recommend the hospital.
- Care for patients across critical care was outstanding. Patients' needs were considered at all times, and a high level of support was provided for the emotional and spiritual needs of family members and patients.
- Patients told us that staff, no matter how busy, went to "extraordinary lengths" to deliver compassionate and highly personalised care.
- Patients, relatives and carers told us how much they appreciated a new initiative at the hospital. It was called "eyes up" and recommended that all members of staff make eye contact appropriately when meeting, greeting or treating patients.
- On wards and areas we visited, we noted that privacy and dignity was respected.

**Outstanding**



# Summary of findings

- Relatives and carers were supported by a ‘Carer’s Café’ held every week to provide advice and support.

## **Compassionate care**

- The feedback from patients, carers and relatives was consistently positive, and many people contacted us before, during and after the inspection to tell us this.
- Patients in a waiting area told us how the consultant for the clinic took time to ask them about their life and their family before discussing the care and treatment. They told us that level of personalised interaction meant a lot to them.
- Care for patients across critical care was outstanding. Patients’ needs were considered at all times, and a high level of support was provided for the emotional and spiritual needs of family members and patients.
- On the neurosurgical unit, relatives told us how the staff managed to calm their family member down by taking time to understand what he was trying to say, and by reassuring him when his behaviour presented challenges. They took time to ensure he understood the care and treatment they would receive.
- Patients said they were always treated with kindness, compassion and dignity.
- Staff took time to wholly interact with patients. Where extra time was necessary to facilitate full understanding, it was given.
- Patients were addressed by the name they preferred, and staff used the “Hello my name is” introduction.

## **Understanding and involvement of patients and those close to them**

- Relatives told us they were recognised as partners in the care of their family, their interactions were recognised and valued, and they were included in team discussions about further care and treatment.
- Patients and their carers and relatives, were actively supported in their decision making, to ensure they had the correct information prior to making any important decisions.
- Staff ensured patients and their relatives understood diagnoses and treatment and were given the opportunity to ask questions.

## **Emotional support**

# Summary of findings

- In End of Life Care, single rooms were, as often as possible, given to these patients. In these circumstances, patients and relatives were specifically asked how much privacy they wished, or did they prefer to have the ongoing support of staff entering the room regularly to check on their welfare.
- Emotional support was consistently provided to patients and their families throughout the trust.
- Organ donation nurses supported families and staff through the organ donation process, which included completing last offices, and following up with families once the retrieval had been completed.
- There was a trust wide chaplaincy team supporting patients, relative carers and staff from different religions and denominations.
- There was access to a range of counselling and psychology services for patients and staff.

## Are services at this trust responsive?

Responsive is rated as requires improvement trust wide, because responsiveness of urgent and emergency care and children's services required improvement in 2015.

The services were not re inspected in 2017 as were overall Good in 2015.

## Summary of findings for services inspected in January 2017:

- Senior staff worked effectively with commissioners and partners to address system-wide flow issues. Patient flow was proactively monitored throughout the trust.
- Patient transfers did happen between wards, but were usually avoided after the early evening unless for clinical need.
- We saw patients living with dementia or with learning disabilities had their individual needs assessed and met.
- The trust had taken part in the 'Tools to Care' initiative and was now an 'exemplar site'. There was excellent mental health support for patients who needed it.
- The trusts performance in referral to treatment times was better than the England average.
- Patients attending day surgery were given pagers so they did not have to wait in a crowded waiting room.
- The trust monitored and audited prolonged stays in recovery; recovery staff were able to give patients food and drink and had developed a system to discharge patients straight from recovery to improve flow.
- Recovery were able to discharge low risk patients direct from recovery to maintain patient flow.

Requires improvement



# Summary of findings

- The trust's referral to treatment time (RTT) for admitted pathways for Surgery has been better than the England overall performance since November 2015.
- There was an effective complaints service, integrated with the patient experience group.
- The trust has a large body of over 1000 volunteers, being used in many roles around the hospital including signposting, general enquiries and nutrition assistants.

## **Service planning and delivery to meet the needs of local people**

- The trust had demonstrably good relationships and substantial engagement with their local commissioning bodies. Services were planned and delivered, using choice and flexibility, to the trust's local and wider populations.
- The CEO described the progressive concept of "A Hospital without walls" where patients will come in, be treated for acute episodes and be transferred out to the community for the continuation of their care, under the care of the same consultant.
- The trust had significant engagement with partners and stakeholders in the planning and delivery of care at all levels throughout the trust. This included participation in the Hampshire and Isle of Wight Sustainability and Transformation plan (STP), where each local region of the NHS plans how health and social care will work together in the future.
- The CEO also leads on a local 'Acute Alliance' with other local hospitals and trusts. This has enabled sharing of good practice, agreeing better communication and transfer mechanisms, and organisational consideration of services across the footprint.
- The trusts performance in referral to treatment times was better than the England average, and consistently achieved the two week wait for urgent cancer referrals.
- Parking facilities were not always sufficient to enable patients and visitors to easily find a car parking space. Sometimes this had impacted upon the time patients arrived for appointments, and had caused anxiety.
- Since the previous inspection the trust now had four specialist palliative care beds on the oncology ward. The palliative care beds were prioritised for symptom control and step down from critical care.

## **Meeting people's individual needs**

# Summary of findings

- The trust has a large body of over 1000 volunteers, being used in many roles around the hospital including signposting, general enquiries and nutrition assistants. The dedication and kindness of these volunteers and their willingness to help their local populations was outstanding.
- The trust had specific, detailed and effective strategies for people living with dementia or a cognitive disability. Individual needs were considered and where appropriate, reasonable adjustments were made to deliver a more responsive and personalised service to patients with complex or additional needs.
- The surgical preoperative assessment process included capacity questions relating to dementia. If the patient was living with dementia, their relatives or carers were encouraged to stay with the patient whenever possible. The information was shared, and if the preoperative assessment team were already aware of the dementia prior to the appointment, a double slot would be booked to allow more time.
- There was a dementia strategy implementation group who formulated an action plan to develop the dementia provision. Two wards had taken part in the 'Tools to Care' initiative and were now trust exemplar sites.
- Patients with learning disabilities (LD) who were booked or elective admissions were also flagged at preoperative assessment, the LD team liaised with the patients at home or at school to find out their background and if they had a 'patient passport'. The team carried out the patient's capacity assessment and best interests meeting before the patient was admitted. Theatres were notified in advance. The theatre team told us that the anaesthetist highlighted patients with learning disabilities at the team brief stage of the safety checklist, though we were not able to observe this practice.

## Access and flow

- The trust bed occupancy figures between April 2016 to December 2016 were slightly higher than the England average; 93% compared to 90%.
- Access and flow remained a challenge within the trust. However, there were proactive arrangements and processes to minimise the impact of this on patients, clinicians and occupancy figures.
- Meetings occurred throughout the day within the trust to monitor and manage bed capacity and flow. Escalation procedures were in place to provide high level (senior) intervention and assurance of the ongoing patient flow, and effectiveness of the care pathways.



# Summary of findings

- Patient discharge data was monitored to focus and track any interventions where discharge and transfer could be made more efficient.
- The trust monitored the number of times a patient moved ward and actions were implemented to try to reduce the number of moves made.
- Late transfers and discharges did take place, and these were actively tracked between 20:30 and 08:00 if they were for non clinical reasons.
- Where medical patients (outliers) were cared for on non-medical wards, there were effective systems to ensure they received regular review by their consultant team.
- For the period July 2016 to October 2016, the national standards for cancer wait times were being met and the trust was consistently above the standard with 94% of people on average see within two weeks of referral, and 97% of people waited one month from a decision to treatment.
- Work had been completed in a number of specialities, including ophthalmology, to help achieve the referral to treatment time targets. The trust offered a number of one-stop clinics to reduce patient visits.

## Learning from complaints and concerns

- The trust had an effective system to handle, monitor and subsequently learn from complaints. The number of complaints has dropped year on year, for the last three years.
- All complaints were talked about in ward meetings and in clinical governance meetings, so learning and any changes in practice were shared.
- The complaints department had a new Head of Service just appointed and this was to ensure the integration of patient experience with complaints, to give a further developed, supportive and cohesive service.

## Are services at this trust well-led?

### We rated well-led as outstanding because:

- Patients were at the heart of all major trust decisions, which was evident through the senior team's adherence to the trust values, a pro-active learning culture, and consistent support of staff to deliver 'ever better' care.
- There was a strong and inspirational executive team, with the necessary experience, knowledge, strategic vision and capability to function effectively while leading supportively.

Outstanding



# Summary of findings

- The aim of the trust is to become a world class health organisation, where the best people come to work, and to stay, to deliver the best possible research-based care and outcomes to patients.
- The trust strategy 'Ever better' whilst challenging was achievable financially and operationally.
- Leaders, at senior and executive level, had a shared purpose and strategy which encompassed the desire to be a learning organisation.
- The structure was flat and non-hierarchical, with supportive challenge encouraged.
- External partners described the trust as progressive, transparent, forward-looking and providing a measurably-positive impact on the local health economy.
- There was a healthy impatience to improve. Open and honest conversations were held, to enable learning from lessons and shaping of future care and management.
- The governance arrangements were established at local, divisional and executive level, and actions were cascaded for maximal effect. However, some concerns identified by the inspection were not highlighted through the governance processes.
- There was an effective risk management action plan. Risk identification and risk management was appropriately recorded and supervised.
- Staff morale was generally very high. Staff felt able to raise concerns and said they felt they would be listened to. Many staff told us this internal supportive culture was one of the reasons they felt proud to work for the trust. A small number of people did not agree with this.
- There was an improved focus on both transformation and organisational development.
- The trust fulfilled its responsibilities in respect of equality and diversity.
- The trust met the requirements of the Fit and Proper Persons Regulation.
- There was evidence of positive and regular engagement with people who use services, and with staff.

## **Leadership and culture**

- The executive team was stable, high-calibre, cohesive, competent and highly visible.
- The Chief Executive Officer (CEO) had been in post since November 2013. The Medical Director was appointed in September 2012, and the Director of Nursing and Quality was appointed in October 2015.

# Summary of findings

- The Chief Executive Officer (CEO) was consistently described as “inspirational” “facilitative” and “an outstanding change agent” by internal staff and external stakeholders. They had been in post since November 2013. The Chief Executive Officer (CEO) was said to be substantially responsible for the positive culture change noted by staff of all grades and across many professions and services.
- The Chief Operating Officer, Medical Director and Director of Nursing were also widely acknowledged as providing a high level of support, knowledge and participative leadership to the staff they led, and the CEO they supported.
- The board were fully sighted on strategic issues and future planning, and provided supportive challenge. Board study days created time to work together, and staff now had someone beyond the executive team to talk with.
- The non-executive directors displayed knowledge and clear understanding of complex issues.
- The council of governors were highly engaged with the trust and there was evidence that executives and their decisions could be easily challenged or held to account.
- Collaboration, support and constructive challenge was evident across the core services management and delivered by the Trust Board and Executive team.
- There was a strategic nursing plan, which detailed the workforce priorities and the impact of the nursing workforce on other priorities for the coming year.
- The NHS Staff Survey 2016 identified the trust was similar compared to other trusts for staff reporting good communication between senior management and staff, however this was not consistent across all services.
- There was executive support for the palliative care team and across all divisions to raise the profile of palliative care. The end of life care steering group was chaired by the trust director of nursing, who was the trust lead for end of life care. The group reported to the trust executive committee.
- The staff described the executive team as visible and approachable, with regular planned and unplanned walkabouts taking place. The non-executive directors also visited with the chairman and board members, both in and out of hours.
- Collaboration, support and constructive challenge was evident across the core services management and delivered by the Trust Board and Executive team.

# Summary of findings

- There was a significant and notable culture of continuous improvement. This evolved through acknowledging that sometimes mistakes were made or processes weren't always correct, then an organisational shift and commitment to becoming an "always improving" organisation.
- Staff we spoke with demonstrated the trust values of, 'Putting patients first, working together and always improving'.
- We observed continuous mutual respect and professionalism between professional groups.
- There were high levels of staff satisfaction across the trust. Staff were proud to work for the organisation and spoke highly of the culture.
- There was a whistleblowing policy in place for the trust. We reviewed the concerns raised by the trust and these were investigated appropriately.
- We received whistleblowing concerns about a service which cited bullying and concerns regarding leadership of the trust. We reviewed the trust's investigation and response, and although they did not class the concerns as whistleblowing they had fully investigated the concerns and were addressing any issues with the service identified. However, the time taken to progress and conclude the investigation was longer than expected and could have been concluded sooner.
- The trust valued and encouraged staff to raise concerns. Many staff reported they could give open and honest feedback to managers and said that ideas and concerns were listened to and actions taken to progress where that was possible or could provide improvement to patients or staff.

## **Vision and strategy**

- The trust values were 'Working together, Putting patients first, and Always improving' some key statements underpinned these in a 'constant drive to improve quality safety and efficiency'.
- Trust values were patient focused, agreed by all staff, and well-embedded. Staff were working on a description of the behaviours which would align to these values so that demonstrable improvement could be seen, assessed and acted upon where necessary to ensure that values were acted upon.
- There were eight top priorities for improvements, which were the guiding principle framework for any developments to be linked to. The vision and strategy with the detailed priorities was available for staff and for patients and relatives via the trust website.
- The trust ambition was to become a "Hospital without walls". The trust actively worked in partnership with other

# Summary of findings

organisations, enabling and encouraging each to provide the services where they added most value to provide a comprehensive health package for patients within their local communities.

- The Chief Executive Officer (CEO) was the lead for the local acute alliance and Sustainability and Transformation Plan (STP) within the local health economy.

## **Governance, risk management and quality measurement**

- There were clearly defined governance arrangements and effective risk management procedures to support the safety and quality of care and treatment.
- Governance was reviewed through a comprehensive integrated performance report, and executive and non-executive directors understood and could discuss current issues of concern.
- Care Group governance reports were reported into the divisional governance. These groups reported to the trust quality governance steering group (QGSG) and ultimately to the trust board.
- We reviewed the action plan following the internal quality review in June 2016. It contained 19 actions across six areas including medication and end of life care. All actions were rated according to priority from red to green (RAG) with red being the highest risk, and green the lowest. The items included progress, review and completion date for each action.
- All care groups had local risk registers; risk coordinators managed these, and ensured that all risks had been assessed accurately before they were added to the register. Senior staff we spoke with could access their risk registers, and were aware of their highest risks and shared them with us. One example of actions following a risk being escalated, was a shortage of theatre trolleys which impacted on theatre lists. 48 hours after the risk being raised the theatre senior team obtained ten additional trolleys to alleviate the risk.
- Effective ward to board assurance processes were in place to ensure that processes were effective and in line with national guidance. Challenge was provided to the executive team by non-executive directors, both at the quality and outcomes committee, and at trust board meetings.
- There was evidence that any significant risk was noted, escalated and action taken at various levels of the organisation until resolved.
- Quality dashboards were used for every division and this linked into the trust wide assurance framework where oversight and scrutiny took place.

# Summary of findings

- The patient safety group, incorporating the IMEG, collated safety data, incidents and learning, so these could be cascaded, using a multiplicity of methods, to all departments and divisions.
- Complaints actions and outcomes were signed off by the CEO, noted by board, and visualised by the regular use of 'patient stories' to demonstrate real issues and activated learning.

## **Equalities and Diversity – including Workforce Race Equality Standard**

- The board was sighted on the equality, diversity, and Black, Minority and Ethnic (BME) group agenda. The trust produced the required data for reporting under their legal and regulatory obligations in line with the Equalities Act 2010 and the Workforce Race Equality Standard. The board members spoken to understood the responsibilities and had recently undertaken equality and diversity training.
- There was an Equality Diversity and Inclusivity (EDI) Committee reported directly into the trust Board. The governance to support EDI was an 0.8 post of Head of EDI working closely with HR.
- The EDI steering group had effective representation from across the organisation and was able to influence the EDI agenda.
- The 'Annual Celebrating Diversity' conference was held in September 2016. Feedback from the conference was highly positive and included the suggestion to hold additional lunch time events / workshops across the organisation throughout the year.
- Workforce Race Equality Standards (WRES) data presentation was presented at divisional and departmental training.
- Organisational and cultural development within the trust included supporting events. The trust attended the local Black History month celebrations, sharing information about services and work opportunities at the trust.
- A poster and photograph displayed at main entrance of Southampton General Hospital commemorates Black History month, and Interfaith week celebrations held in chaplaincy, as well as Celebrating Diversity at Christmas.
- The trust were organising a joint lecture panel discussion event with Southampton University for Lesbian Gay Bisexual and Transgender (LGBT) month focussing on mental health issues in the LGBT community.
- The trust were also working with community partners to participate in Southampton city wide celebrations for 'International Women's Day'.

# Summary of findings

- An EDI newsletter had been created and circulated amongst all staff. This newsletter with information and success stories will continue to be circulated quarterly.
- Three staff with disability have been sponsored and recruited to leadership programme jointly run by Disability rights UK and Leadership Academy.
- BME staff have been actively encouraged to attend different national leadership programmes for band 5, 6, 7.
- The board and executive team composition of the trust board does not reflect the staff mix or local community mix and there is not an even spread of BME staff across the staff bands within the trust.
- The majority of BME staff within the trust were employed in low band positions with few at a senior management level. Of clinical staff, 21.7 % were employed at Band 5, with decreasing percentages after that. There were 4.33% employed at Band 8a and above and 0.00% at VSM level.

## Fit and Proper Persons

- The trust had a policy which complied with the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014 Regulation 5: Fit and Proper Person's Requirement.

- We reviewed five files of senior executives and found these complied with the information required under the regulation.

## Public engagement

- The trust actively sought the engagement of their local communities in developing and improving the services it offered.
- Public engagement was very high on the trust agenda and this was notable with the range and diversity of activities regularly undertaken for a wide range of patient groups and local communities.
- The Chief Executive Officer (CEO) held patient lunches, staff and patients regarded these as unique and most welcome. This included bereaved relatives to hear about their experiences. Teams received feedback on any issues raised.
- There were focus groups within specific cancers for patient involvement although no patients took part in the governance groups yet. The trust used representatives from the local 'health watch' when planning major redevelopments.

# Summary of findings

- The trust made regular and concerted efforts to reach out to connect with hard to reach communities, such as the traveller community.
- The trust had established engagement links with young people and children within the community and many diverse activities were set up on and off site for these groups. A recent 'Lifelab' at an Open Day gave local children the opportunity to try experiments and learn about personal health. Opportunities such as this encouraged children of every socio-economic background to attend and to view healthcare as a potential career option.
- There were opportunities for members of the public to become involved with the trust by becoming a foundation trust member, opting to support the hospital charity, becoming a volunteer or registering for 'my medical record.'
- Hospital teams, supported by hospital volunteers and emergency services, ran a 'family road safety day' in central Southampton. Local children and their parents learned about road signs and had the opportunity to practise resuscitation techniques.
- The trust charity has raised over £18 Million for the benefit of patients over the last nine years.

## Staff engagement

- Non executive and executive members undertook site walk arounds to understand the issues they were being asked to engage with.
- Staff engagement took place across local and divisional team meetings, research groups, governance and leadership groups, and disease-specific interest groups.
- Each professional group had their own engagement strategy and were enabled to engage with the executive team.
- Staff attended Hospital-open days to support these. These were often attended in staff's own time.
- The trust was named as one of the best nationally for staff engagement. The hospital scored 3.95 out of 5 against a national average of 3.81 for similar trusts and was ranked the fifth best in the country.
- Two teams have been nominated for team of the year at the British Medical Journal (BMJ) awards.
- A cancer team won the commercial research category at the Wessex Awards.
- Staff were consulted about a new behavioural strategy to ensure the values were well embedded within the trust culture.

## Innovation, improvement and sustainability



# Summary of findings

- Improvement and innovation was actively encouraged and facilitated.
- The integrated medical examiners group (IMEG) reviewed all deaths twice each day and approved the death certificate before it was signed, including contact with the coroner if needed.
- There had been a sustained reduction in hospital acquired pressure ulcers through the local pressure risk evaluation and skin screening tool (PRESS) initiative.
- The trust had appointed a consultant pharmacist in diabetes to support patient care.
- Ideas were trialled and successful ones shared across divisions. There was a very accessible 'improvement team' to support new ideas and developments.
- The introduction of the rapid access multidisciplinary palliative assessment and radiotherapy treatment (RAMPART) clinic was a 'one stop' clinic for cancer-induced bone pain. This service was supported by palliative care and through assessment and meant patients could have delivery of 'one fraction palliative radiotherapy' in a single hospital visit.
- The mortuary commissioned the design of a new specification and type of viewing bier (trolley) to be used in the viewing area or if required within ward areas without causing unnecessary distress.
- A new reporting tool had been implemented recently, called the favourable event reporting form (FERF). Anyone who saw an incident or an event which had gone particularly well was invited to fill out a form. These were reviewed on a monthly basis by a multi-disciplinary team within the department. Everyone mentioned in a FERG received a personal letter, thanking them for their contribution. The multi-disciplinary team discussed the FERG, and analysed what was positive about the incident. The summary of these reflections were fed back to the whole department as part of the mortality and morbidity meeting along with lessons learnt from adverse events. Good practice was then further disseminated throughout the trust.

# Overview of ratings

## Our ratings for <location name>

Safe      Effective      Caring      Responsive      Well-led      Overall

## Our ratings for University Hospital Southampton NHS Foundation Trust

Safe      Effective      Caring      Responsive      Well-led      Overall

Overall

Requires  
improvement

Good

★  
Outstanding

Requires  
improvement

★  
Outstanding

Good

# Outstanding practice and areas for improvement

## Outstanding practice

We saw several areas of outstanding practice including:

- The integrated medical examiners group (IMEG) reviewed all deaths twice each day and approved the death certificate before it was signed, including contact with the coroner if needed. This had proven benefit to an improved accuracy of mortality data, opportunity to reflect upon practice, an improved understanding of correct death certification, consistency amongst reviewing staff and an overall improvement to patient safety after learning.
- The Chief Executive Officer (CEO) held patient lunches, staff and patients regarded these as unique and most welcome. Teams received feedback on any issues raised.
- There were focus groups within specific cancers for patient involvement although no patients took part in the governance groups yet. The trust used representatives from the local 'health watch' when planning major redevelopments.
- The trust made regular and concerted efforts to reach out to connect with hard to reach communities, such as the traveller community.
- The trust had established engagement links with young people and children within the community and

many diverse activities were set up on and off site for these groups. A recent 'Lifelab' at an Open Day gave local children the opportunity to try experiments and learn about personal health. Opportunities such as this encouraged children of every socio-economic background to attend and to view healthcare as a potential career option.

- Hospital teams, supported by hospital volunteers and emergency services, ran a 'family road safety day' in central Southampton. Local children and their parents learned about road signs and had the opportunity to practise resuscitation techniques.
- The trust had a culture of innovation and research, and staff were encouraged to participate. There were examples of research that were nationally and internationally recognised. Staff were supported to lead innovation projects in their work environment.
- The trust had implemented a new tool called the favourable event reporting form (FERF). Anyone who sees an incident or an event which had gone particularly well was invited to fill out a form. Everyone mentioned in a FERF received a personal letter, thanking them for their contribution.

## Areas for improvement

### Action the trust MUST take to improve

- Reduce the number of mixed sex accommodations across the trust to improve privacy and dignity for patients.
- The trust must ensure medicines are always stored at temperatures that ensure their effectiveness.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect  <b>How this was not being met:</b> <ul style="list-style-type: none"><li>• Patients were not able to consistently access clearly labelled gender- specific toilet and bathroom facilities as arrangements were not consistently implemented.</li><li>• Patients were sometimes sleeping in mixed sex bays in the acute surgical unit.</li></ul>